

Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/916517

5-15-2001

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | |
|----------------------------------|--------------------------|
| TOTAL CLAIMS | 22 |
| FOR | NUMBER FILED |
| TOTAL CHARGEABLE CLAIMS | 22 minus 20 = 2 |
| INDEPENDENT CLAIMS | 3 minus 3 = 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

TYPE OR SMALL ENTITY

| | | | |
|-----------|--------|-----------|--------|
| RATE | Fee | RATE | Fee |
| BASIC FEE | 355.00 | BASIC FEE | 710.00 |
| X\$ 9= | | X\$18= | 25 |
| X40= | | X80= | |
| +135= | | +270= | |
| TOTAL | | OR TOTAL | 745 |

OTHER THAN
SMALL ENTITY

SMALL ENTITY

OR SMALL ENTITY

CLAIMS AS AMENDED - PART II

8-1-05 (Column 1)

(Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | 22 | Minus | 22 = |
| Independent | 3 | Minus | 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

6-9-06

(Column 1)

(Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | 17 | Minus | 22 = |
| Independent | 3 | Minus | 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

(Column 1)

(Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | 17 | Minus | 22 = |
| Independent | 3 | Minus | 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.